

## THE

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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### ADHESION OF THE SOFT PALATE AND UVULA TO THE POSTERIOR WALL OF THE PHARYNX— OPERATION—CURE.

By A. B. COOK, M. D.

Late Professor of Surgery, Kentucky School of  
Medicine, Louisville, Ky.

The subject of the following case, F—  
J—, woman of color, low, heavy set, with  
short and thick neck, 27 years of age, mar-  
ried, the mother of two children, the young-  
est now 12 years old and healthy, some years  
ago contracted syphilis, at what time cannot  
now be ascertained. Previous to the spring  
of 1870 she was a stout, healthy woman.  
About that time her throat became ulcerated,  
which was the first evidence of secondary  
syphilis; the ulceration involved, so far as  
I can learn, the tonsils, soft palate, and up-  
per portion of the pharynx, accompanied  
with tumefaction and elongation of the  
uvula. She states that from the spring of  
1870 until last June she was almost con-  
stantly under medical treatment, which em-  
braced a great variety of internal medication,  
with the local application of caustics, gar-  
gles, probanging, and inhalations, despite  
all which the disease persisted and produced  
the following local structural changes, le-  
sions, and symptoms which presented when  
I was first called to see her in May, 1872.

The soft palate was firmly adherent to the  
pharynx, excepting a diminutive opening  
in the left side of the median line, scarcely  
large enough to admit the passage of an or-  
dinary-sized probe.

\* The uvula was broad, flat, enlarged, and  
elongated, the apex reaching a point corres-  
ponding to the inlet of the larynx; it was  
inclined a little to the right of the median  
line, and was completely attached to the pos-  
terior wall of the pharynx, the right posterior  
palatine arch, and the posterior part of the  
right tonsil. She complained of great sore-  
ness on the floor of the posterior nares, say-  
ing it felt like a raw place, due, no doubt, to  
a superficial ulcer. The pharynx and ton-  
sils presented several superficial ulcers  
which readily yielded to the local applica-  
tion of nitrate of silver and mopping with a  
solution of chlorate of potash.

The adhesions first commenced to form in  
January, 1871, at which time she had daily  
hemorrhages for five weeks, the blood pass-  
ing from the nose during the night, and from  
the bowels during the day, causing spane-  
mia and general debility. Instruments were  
frequently used by her physicians to tear up  
and prevent the adhesions, but to no useful  
purpose. For three months previous to the  
time I first saw her, she had been unable to  
swallow any solid food; her diet was limited  
to toast water, tea, and very thin broths.

On June 10th, 1872, assisted by Ed. T. Ir-  
win, I dissected the uvula from the posterior  
wall of the pharynx. The tongue was de-  
pressed with a spatula by the assistant. I  
first made an incision with a long, straight-  
pointed tenotome, severing the right border  
of the uvula from its attachments to the right  
posterior palatine arch and right tonsil. I  
then dissected the uvula from apex to base,  
with the angular-blade knives used in  
staphyloraphy, from its attachment to the  
posterior wall of the pharynx. The hemor-

rhage, which was free, was easily arrested by the sponge mop saturated with ice water. In dissecting behind the base of the uvula, the small orifice in the soft palate was enlarged to admit the passage of a No. 10 flexible sound into the posterior nares.

I deemed it prudent to desist from further operative proceeding, at that time, lest the violence done to the parts might result in sloughing, ulceration, and destruction of the uvula and soft palate. I then directed the patient to mop several times daily with a weak solution of alum, taking care to pass the mop well up behind the uvula, to prevent any readhesion, and to inject the posterior nares with the same wash, using for this purpose a syringe having an angular point. The great anxiety of the patient to be cured induced her to faithfully carry out all directions.

In about three weeks the wound had healed, and the uvula, at first rather unsightly, had contracted and retracted to about the average size, and looked quite respectable. The constitutional treatment at this time consisted of *tr. ferri mur.*, min. 20; *tr. cinchona comp.*, 3ij., in sweetened water, every four hours; and hydrate chloral, grs. 15, in solution, at night, to produce sleep, which for a long time had been disturbed.

During the summer and fall she had repeated attacks of superficial ulceration of the pharynx and tonsils, which readily healed after a few applications of *argenti nitras*, or mopping with *tr. ferri mur.*, diluted. The internal administration of iron was, every few weeks, alternated with the fluid ext. *stillingie*, ʒss; *potassii iod.*, grs. 4; *hydrarg. biniodidi*, gr.  $\frac{1}{20}$ , in sweetened water, three times a day.

Under this treatment all disposition to ulceration of the throat, osseous pains and other general symptoms disappeared.

On the 10th day of November, assisted by J. A. Watton, I detached the soft palate from the posterior pharyngeal wall. To reach this adhesion, and facilitate and simplify the operation, I had made, by F. S. Siegel, of this city, a special knife. The handle, of wood, is six inches long; the shank, two inches; the blade, one-half inch long, lancet shape, double edged, and set at a right angle with the shank, the edges being transverse to the long diameter of the shank. This knife I found admirably adapted for the purpose; the blade being passed behind the uvula, the apex was forced

through the soft palate, then the knife was carried transversely right and left, and the operation was completed in less time than is required to describe it. It was not necessary to use the tongue depressor, as the handle of the knife served for this purpose much better. The hemorrhage was slight and easily arrested. The next object of importance was to heal the wound, prevent any readhesion, and make the operation a success. I first bent the handle of a common tablespoon, passed it up behind the soft palate and determined the dimensions of the opening and extent of the passage. I next hammered out a piece of lead, from which I cut a plate one and a half inches long and from three-fourths to seven-eighths of an inch in width, the lower end oval, the upper end notched in the centre, with a perforation in each cornua, the plate being slightly curved to rest on the posterior surface of the soft palate and uvula. A piece of hard corded surgeon's silk, about two feet in length, was tied in each opening through the cornua of the lead plate. I now passed a short piece of silk through the eye of a Belloc's cannula, making a short loop; then passed the cannula first through the left inferior meatus down behind the soft palate into the mouth, and attached one thread of the plate to the loop in the cannula and then withdrew the cannula as in plugging the posterior nares. The same was done in the right inferior meatus. I next grasped the lower border of the leaden plate with a pair of long forceps, carried it behind the uvula, at the same time drawing the silk threads through the nares with the left hand, when the plate was placed without difficulty in situ between the pharynx behind and the soft palate and uvula in front; the silk strings were passed above the ears and tied behind the head, drawn sufficiently tight to suspend the leaden plate so that the lower margin would correspond to the apex of the uvula. The patient was ordered to syringe the parts several times a day with a weak solution of alum. In a few days the parts were entirely healed; but in order to guard against contractions or re-adhesions, I allowed the patient to wear the plate for six weeks, which she did with very little inconvenience, its presence not interfering with either deglutition or respiration.

I cannot too strongly recommend the lead plate dressing in this and kindred operations; it is worn with ease and comfort, does not obscure the view of the parts at any time,

facilitates thorough cleansing and the local application of remedies, and is an effectual barrier to any new adhesions.

This operation, or rather, the conditions requiring the operation, are of unfrequent occurrence. Many of our prominent authors on surgery do not refer to it in any way.

Dr. J. Solis Cohen, on "Diseases of the Throat"—for whose admirable work I am indebted to the publishers, William Wood & Co., 27 Great Jones street, New York—only mentions three cases: one described by Dr. Wm. Turner, 1860; one by Rudtrotter, 1805, and one by Otto in 1813. Pieces of lint passed between the separated parts is the only dressing I find recommended to prevent re-adhesion, which, to say the least of it, must be a source of great annoyance and inconvenience to the patient.

Since the completion of the operation my patient has been able to swallow solids without difficulty. She complains of a want of action of the deglutitory muscles on the right side of the pharynx, which is due to some contraction, being the sequel of ulceration previous to the time I first saw her. She has had no throat trouble during the winter.

#### SYRUP OF THE PHOSPHATES OF IRON, MANGANESE, QUINIA, AND STRYCHNIA, WITH AMMONIUM.

BY CHARLES G. POLK, M. D.,  
Of Philadelphia.

The following formula I use in the preparation of what may be termed *Syrupy Phosphoric Acid*.

R. Ferri sulphatis. gran.	3v.
Manganesei sulph.	3ij.
Sodii phosphatis.	3x.
Quinæ sulphatis	3j.
Acid sulph. dil.	q. s.
Aquæ ammoniæ concent.	q. s.
Strychniæ citratis	grs. xij
Sacchari albi.	3xxxij.
Aquæ distillatæ	q. s. 3xlviiiij

Dissolve the sulphates of iron and manganese in twenty ounces of boiling water, and the phosphate of sodium in twenty ounces of boiling water. Mix the solutions and carefully wash the magma until the washings are tasteless.

Dissolve the sulphate of quinia in four ounces of water, by the aid of dilute sulphuric acid, precipitate with aqua ammonia, and carefully wash the alkaloid.

Dissolve the phosphates of iron and manganese, the quinia thus obtained, and the citrate of strychnia in eight ounces of the syrupy phosphoric acid, previously diluted with an equal volume of water. Saturate the remaining five ounces of syrupy phosphoric acid with the concentrated liquor ammonia. Lastly, mix the two solutions together, add the sugar and sufficient water to measure three pints.

My experience with this combination is limited to one hundred and ninety cases, nearly all of which were malarial toxemia, with deranged livers and spleens. These manifest much benefit from the treatment. The improvement was extremely rapid, and most of the cases left my care quite well. I should, however, state that the majority of the cases thus treated were at the St. Augustine Hospital, Florida, and that the cases were brought from sickly locations; so that change of air and diet ought to be estimated in arriving at correct clinical experience. I have no doubt that these contributed their share in the improvement, but cases treated by quinia and iron did not do so well. In twenty of the cases thus considered, iodide of manganese was also used. These had marked splenic enlargement, but were speedily cured by this treatment.

About eighteen months ago I used this combination on a gentleman living on Ash street (Bridensburg). He improved very much while using the medicine, but during my absence from the city he discontinued its use, being unable to obtain it, and has since died. Nothing else seemed to benefit him in an equal degree.

#### DISEASE OF LEFT OVARY, RESULT- ING IN FATAL HEMORRHAGE.

BY E. H. BRIDGES, M. D.,  
Of Ogdensburg, N. Y.

(Read before the State Medical Society of New York.)

REPORTED BY T. D. CROTHERS, M. D.,  
Of Albany, N. Y.

Mrs. L., aged 39 years, mother of four children, has had several miscarriages; was perfectly well up to January 22d, 1873. At 6 P.M., while taking her tea, was seized with pain in the left iliac fossa, which soon extended over the lower part of the abdomen. I reached the bedside at 6.30 P. M. She was very anæmic, having the appearance of a woman dying of post-partum hemorrhage;

pulse 40 and feeble; with an anxious expression; lips and tongue white, almost bloodless; restless, faint, and a feeling of oppression about the chest. Stimulants caused the pulse to rally a little. She said to me, "I am going to have one of those bad spells again." I found the pulse at the wrist gradually growing weaker until it disappeared entirely in the radial artery. Complained of being unable to see or hear. Large doses of brandy were given and she rallied again as before. The pain continuing in the abdomen, I gave her a hypodermic injection of sulphate of morphine, which relieved her in a few minutes. She continued to have fainting fits every half hour, and grew feebler until 5 A. M. next morning, when she expired, eleven hours after the first symptoms were noticed.

Post-mortem, nine hours after death. Body well nourished; abdomen but slightly distended; the fatty tissue over the abdomen was at least one-half an inch in thickness; the cavity of the peritoneum contained about four quarts of bloody serum and clotted blood. These clots were extensive in the left iliac fossa, and distributed over the whole cavity. There was no evidence of recent inflammation. Every organ in the abdomen was healthy, with the exception of the left ovary. This organ, when *in situ*, looked slightly enlarged and quite purple. There was a ruptured opening in the peritoneal covering, of an oval shape, about four lines in length and 3 lines in width. The ovary was found to be completely disorganized, scarcely anything remaining but the connective tissue, every part filled with blood, extravasated. The mouth of the vessel from which the blood came could not be found. On opening the uterus I found she was pregnant, apparently about six weeks' duration. The membrane, when ruptured, revealed a clot of blood the size of an almond. The left fallopian tube was also filled with clotted blood. The membranes were not detached from the uterus, and this organ appeared to be perfectly healthy. The mouth of the uterus was filled with mucous plug, and there was no evidence of approaching abortion. I can only account for the blood being in the uterus and fallopian tubes by its pouring through the tube and membrane into that cavity.

The remarkable feature of this case is that so much disease of the ovary should exist without any other evidence of disease of the

body, and without producing pain or any symptoms during life, until the hemorrhage which resulted in death.

## HOSPITAL REPORTS.

### PHILADELPHIA HOSPITAL.

Service of John H. Brinton, M. D.

[REPORTED BY ALFRED WHELEN, STUDENT OF MEDICINE.]

Wednesday, January 29.

#### Strangulated Inguinal Hernia.

I intend, gentlemen, to bring before you this morning a patient who is suffering under a fearful trouble, and who at this moment is in a most precarious condition. The following is the history of his case.

J. B., aged 65, a German, an inmate of the out-wards of this institution. He has had for more than twenty years a reducible scrotal hernia on the left side, for which he has worn a truss. On the 25th of this month, after a passage from his bowels, this hernia came down, and he was unable to return it as usual. On the next day there was some pain and swelling of the parts, and he states that at that time he had a little vomiting, but he can furnish no particulars as to the character of the matter ejected.

He was admitted into hospital yesterday afternoon. He complained of but little pain, his chief trouble being that his bowels had not been moved since the time of the last descent of the hernia. A slight attempt at reduction of the hernia by the taxis was made, but without success. A full dose of opium was then administered, which was repeated during the night, and ice has been applied over the seat of the tumor for an hour, the parts having been first protected by two or three folds of flannel. He has had no vomiting since admitted into hospital. The constitutional condition of this man is not good. His pulse is quick, and he is feeble. Although there has been no stercoraceous vomiting, or at least none to my knowledge, I am convinced that the patient is suffering from strangulated hernia, and that he will perish if not relieved. This case is not a favorable one, as in addition to his surgical trouble he is suffering from some pneumonia of his left lung. His expectoration is copious, and rather rusty.

I shall direct him to be carefully etherized, and as soon as he is in that condition, I shall attempt the taxis; that failing, I shall at once operate, and I shall endeavor to explain each step to you as I proceed. Whilst the patient is being prepared let me say a few words to you concerning strangulated hernia.

I need scarcely stop to define to you a hernia. You know that it is a protrusion of a viscus from its normal cavity. We have hernia of



many kinds, but this morning I shall speak to you only of inguinal hernia, that is, a protrusion either of intestine, or of omentum, or of both, through the external abdominal ring. When the hernia enters the internal ring, passes down the inguinal canal, and emerges at the external abdominal ring, it is a complete oblique, or indirect inguinal hernia. If it pass down into the scrotum, it is a scrotal hernia. Should the protruding mass, gut or omentum, as the case may be, remain in the canal, and not emerge at the external ring, it is an incomplete or concealed inguinal hernia. In those cases where the hernia protrudes directly through the external abdominal ring, without having entered the internal ring, and without having traversed the inguinal or spermatic canal, the hernia is called direct.

A hernia may be reducible, or irreducible. The words explain themselves. In the former case the mass can be carried back into the abdominal cavity; in the latter it cannot. Many herniæ become irreducible, and remain so for years, usually causing the patient little annoyance, save that of supporting the mass by a suspensory bandage. Occasionally, however, an old irreducible hernia, especially if it be of large size, may become obstructed or inflamed. It may then present symptoms strikingly analogous to strangulation, and indeed, unless care be taken, may be confounded with the latter condition.

Now what do we mean when we speak of *strangulation*, or of a *strangulated gut* or *omentum*? Simply this: that from some cause or other the viscus in question has become tightly constricted; so tightly, in fact, as to threaten its vitality, unless speedily liberated or freed from the constricting bands. In inguinal hernia, the stricture may be at the external or internal abdominal rings, or in the spermatic canal itself. When a loop or knuckle of gut, or a piece of omentum is strangulated, they are much in the same condition as if a piece of string were tied around them. If this were done, you can readily imagine what would be the result. The circulation would be arrested to a greater or less degree, according to the tightness of the band; congestion of the part would occur, swelling or distention by the accumulation of gas, gradually rendering the constriction more and more tight, and eventually complete arrest of circulation, terminating in gangrene. And this is exactly the state of affairs in a hernia strangulated by natural causes; just such a condition as, I am sure, exists in the patient about to be brought before you.

Such are the physical changes in a strangulated viscus: congestion, interference with and arrest of circulation, swelling, distention by flatus, gangrene. What then are the *symptoms* of these changes? In the first place there is pain, pain increased on pressure, and often accompanied by great restlessness and jactitation; there is a complete arrest of all discharges from the bowel above the seat of strangulation.

The bowels may appear to act slightly and to respond to the introduction of an enema, but inquiry will convince you that the apparent action is confined to the lower intestine. There is generally nausea, and that prominent symptom, *vomiting*. It is well for you to study the latter, and to examine carefully the character of the vomited matter. At first you will usually find that its color is yellow, or yellowish, gradually passing into a true bilious green. If the strangulation be unrelieved, and the vomiting continue, the color deepens into a muddy brown, and in a little while you have the true stercoraceous odor—the stercoraceous vomitings. In other words the passage of the intestines is barred by the strangulating or constricting causes; the action of the canal is reversed, and its contents which should pass downwards by the anus, are now ejected through the mouth; a pitiable condition. To relieve this, instant decision and skillful surgical interference is called for.

I might, if time permitted, speak to you of the chill, of the pinched facial expression, of the fearful collapse which accompanies the state I have described. These are all marked, nay more than marked, they are almost distinctive. And here, gentlemen, let me beg of you to be on your guard whenever you may be called to a case of obstinate constipation, attended by these two last mentioned symptoms. Do not allow the idea of drastics to take possession of your whole mind. Be careful, and examine your case carefully before you decide upon your diagnosis. Do not make a blunder, which may cost your patient a life.

I am not exaggerating this matter. Twice, within two or three years, have I seen an oversight in diagnosis followed by a fatal result. One instance I shall never forget. I was called in consultation in the middle of the night to see a poor servant girl. I found her with a pinched anxious face, covered with cold sweat, with a pulse 140, or 150, feeble, thready. She was in a state of collapse. I said at once, she is dying of intestinal obstruction. I examined and found a strangulated hernia. She was past operation, and died in half an hour, before I left the attic room in which she lay. And yet that poor girl had been under the professional care of the family physician of the house, a gentleman of great fame. He had treated her for seven days, and she had taken every cathartic, from castor oil, to elaterium and croton oil. She died from an unrecognized strangulated hernia. And so too, in the other case to which I have referred. I am sure, then, that you will feel that my cautions to you are not altogether needless. Gentlemen, what a blessing it would be for medicine, if only some honest doctor would write a book of blunders.

Our patient is now thoroughly etherized, and without further prelude I shall proceed to the practical management of his case. I shall first employ the taxis; failing in that, I shall operate to remove the stricture, and reduce the hernial contents. By the *taxis*, we mean gentle

pressure upon, and manipulation of the hernial mass, to cause it to pass backward into the cavity of the belly. See how I make this taxis. The patient is on his back, his hips and shoulders somewhat elevated to produce relaxation of the tense muscles of the abdomen; his left thigh, for the same reason, is flexed and adducted. Then I grasp carefully, tenderly almost, the hernial tumor, draw on it slightly, to bring the mass of tissues away from the neck of the sac, and then I make a slight uniform pressure. My object is to empty the intestine, if intestine there be, of its gas; thus lessening bulk of the tumor, I hope to cause it to pass upwards through the abdominal opening. At the same time, as you see, I move this mass a little from side to side. I am using no force, certainly no abrupt force. Did I do so, I should run the risk of rupturing the intestine.

Whilst I am making these manipulations, let me say a word as to this taxis. I have already intimated that it must be gentle; now I tell you that it must be of short duration, not more than ten to fifteen minutes. I advise you to make the taxis yourself, and not to allow every medical bystander to "try his hand," as the phrase runs. I am well convinced that often many a taxis is made to prove hurtful to the patient from the presence or multiplicity of hands; and from improperly applied force in handling. Make the taxis yourself, rely on yourself; if you cannot return the hernia, do not imagine that any one else can, but proceed at once to operate. I firmly believe that more patients are killed by taxis, than by the operation. An operation, to be of true avail, should be early done; done, in fact, while there is some vitality left in the hernial contents, and before every vestige of life has been squeezed out of them by the eternal diligence of too much surgery. I know that in this matter I may differ from some of your teachers, but I teach you from my convictions, honestly based upon a not inconsiderable experience.

This tumor under my hands will not return, and I am sure that it is in a very bad state. It is doughy, in places almost gaseous. It is probably largely omental, and I think that the patient's best chance is an immediate operation.

I now raise up a fold of integument, and transfix it in the long diameter of the tumor. You see I have thus an incision nearly four inches long. I next divide the superficial fascia on my director. Here I cut the superficial epigastric, a little artery with a long name, "*arteria ad cutem abdominis*." I tie it; next I divide two or three layers of fascia on my director, splitting up the matted cellular tissue, and I shall go on layer by layer, until I reach the sac. Some of you probably are this moment thinking that these tissues under my knife are unlike the finely wrought layers of your dissection, or the class demonstration. I have always thought that much time is wasted on the teaching of the layers of a hernia. Indeed I have never seen them all, in a real ope-

ration, and I have done many. The best rules for you in operating are these: cut until you come to the sac. Learn, or try to learn to recognize the sac; learn to recognize the gut; learn the points of stricture and how to divide them; learn how to handle and return the protruding mass; learn all these, and the after treatment. Forget, if you like, the fanciful layers of the anatomical lecture room, and your lesson is done.

I am now approaching the sac. How will I recognize it? By its appearances, and by the sensations imparted to my fingers. On its external surface it has a smooth, glistening appearance; although not to the same extent as has the bowel. There is a bluish, darkish tint, also derived from its contents, which are apt, of course, to be discolored. The vessels upon the surface of the sac ramify in different courses, and have not the same lateral direction which they present when the gut is exposed. Then, too, to my fingers there is in this case a certain sense of fluctuation produced by the fluid within the sac; and when I pinch up, as I now do, a portion of the sac, and slide it to and fro between my thumb and finger, I can feel a distinct gliding of opposing surfaces; the sac wall in fact. In determining the question as to whether I am or am not upon the outer surface of the sac, I am also in the habit of carrying my finger upwards toward the neck. If my finger passes continuously upon other tissues, I am outside the sac wall. If it were the gut which I had prematurely reached, I should feel the stricture sharply and distinctly. It is difficult, perhaps, to explain this differential test in words, but to the finger end it is very evident. I am quite sure that I have now the sac exposed and nothing else, and that moreover its walls are thick, as one would naturally expect in so old a hernia.

I shall now nip the sac with my forceps, draw it well forward, away from any of its solid contents, incise it laterally with great care with my knife, introduce my director, and slit it up the entire length of the external incision. You see now the escape of at least two ounces of fluid, so dark and discolored as to augur badly for the condition of the rest of the sac contents. The fluid is now completely evacuated, and the hernial contents are evident to you all, a mass of omentum, larger than an egg, and behind it a fold or knuckle of small intestine. Both the omentum and gut are in a highly congested state, and I regard their return to a normal condition as a matter to be well considered. It is, however, possible, for I have seen as highly strangulated tissues as these recover. I shall therefore hunt for the stricture, divide it, and endeavor to return the protrusion.

I now carry my finger upwards, and it is arrested by the resisting upper column of the external ring. The stricture is very tight. I cannot insinuate my finger nail, which is somewhat short, underneath it. A great deal of nonsense has been written about stricturing

bands in hernia, and when people talk about introducing the end of the finger underneath the stricture, rest assured either that the writer or speaker has had but little to do with strangulated hernia, or else that his operation ought never to have been performed.

I must divide this stricturing column with my knife. For this purpose I take my probe-pointed curved bistoury, and wrap it with thread to within one-eighth of an inch of its button end. 'This I prefer to the ordinary long-beaked hernia knife. I then carry it upwards with its back resting on the pulp of my left index finger, and I insinuate its short cutting edge with the greatest care beneath the stricture. Then very, very gently depressing the handle of the knife, I nick rather than divide the stricturing band. I am very careful to see that this division is made in a direction *directly upwards*, since by so doing I avoid the possibility of cutting the epigastric artery, which passes upwards and inwards between the two rings. I can not tell certainly whether I am dealing with a direct or with an indirect hernia. If in the former I should cut outwards, I would endanger the vessel; so also, if I should cut inwards in the latter. Hence in an existing state of doubt, the safe cut will be always directly upwards. Remember this.

The stricture being now divided I enlarge the opening a little by tearing it with the end of my finger, and now having decided on the condition of the hernial contents, I try to reduce them. Observe that I first oil my hands before handling, and bearing in mind that those parts which came down last should be first returned, I gradually, and as gently as possible, press up the omental mass. You see how readily this is done, and that it is now replaced in the cavity of the belly. The folds of gut, concerning whose condition I confess I have grave doubts, I return in like manner. All of the protrusion has thus been reduced; there has been no hemorrhage, and you can now see the nature of the sac, how thick and firm it is. I fold over its divided edges and close the wound with iron sutures, deeply inserted; over the wound I place a light pad, and I shall now direct the patient to be removed to his bed in the adjoining room. I shall order him a grain of old opium in pill form every three or four hours, until a full effect of the drug shall be obtained. His diet will be farinaceous. I do not desire any action on the bowels, especially in this case, for seven or eight days. At the expiration of that time, if he do well, I shall modify his diet, and endeavor thus to bring about intestinal action, rather than by the exhibition of drugs. I do not, in this case, hope for much, for I regard our patient's condition, despite the absence of the usual symptoms, as unfavorable. But I feel that I have given him his best chances; and with that conviction, whatever may be the issue, we all, as surgeons, must rest content.

NOTE.—This patient reacted after the operation, but at the expiration of eight or ten hours he became weak, and gradually sank, despite

every care on the part of the house residents. The autopsy revealed a second stage of pneumonia at the base of the left lung, and slightly at the base of the right lung. On opening the belly almost the whole of the great omentum, which lay well up, was found in a high state of inflammation, and discolored; even portions which had evidently not been in the hernial sac were equally dark and altered in hue. The small intestines, for the extent of twelve or fourteen inches, were greatly congested; and that loop which had been down was discolored and soft, but not perforated or disintegrated. Much lymph had been poured out on the intestinal and omental surfaces. There was no fluid in the cavity of the abdomen; the epigastric artery was uninjured, and there had been no hemorrhage from any other source. Death apparently had resulted from the combined effects of pneumonia, of peritonitis, and of the hernial constriction.

## MEDICAL SOCIETIES.

### GREEN RIVER (KY.) MEDICAL ASSOCIATION.

The Green River Medical Association met at Livermore, McLean Co., on the 7th of November, 1872, according to previous notice.

The President, Dr. W. H. Hillsman, not being present at the hour, the Vice President, Dr. E. H. Luckett, called the meeting to order. The minutes of the Spring meeting were read, and on motion adopted.

The chairmen of the several committees present made their reports; Dr. A. H. Bryant, on Medical Ethics; Dr. J. F. Kimbly, on Finance. Dr. R. B. Gilbert, chairman of committee on Special Subjects, read a well digested paper on Pulmonary Phthisis, and Dr. G. B. Tyler, chairman of committee on Epidemics, made a full and interesting report on

#### Small-pox,

a few extracts from which are herein given.

He says:—"The past year has been a notable one in the history of Small-pox, not only in Europe but in the United States, where it has prevailed to an extent unequalled in malignancy for years.

"The statistics of mortality given by Dr. Welch, of the Municipal Hospital of Philadelphia, is as follows: viz. 52.14 per cent. of true variola, and 1.45 per cent. of varioloid; and in all the deaths from varioloid there was either



some constitutional peculiarity, or some inter-current disease auxiliary in terminating life.

\* \* \* \* \*

"Small-pox occurring in infancy under one year of age, and unvaccinated, is almost uniformly fatal. And that vaccination performed less than seven or eight days prior to the appearance of the eruption will not modify the disease, but when practiced as long as eight or nine days prior to it, may so modify the disease as to render it harmless.

"These facts seem to have been verified time and again in children of other ages, and there is no good reason to expect any benefit from vaccination until the system is brought thoroughly under the influence of the vaccine disease, which in all probability does not take place before the maturation of the vesicle. If a genuine vaccination has reached this stage of development, it will almost certainly afford immunity from the disease.

"The period of life yielding the next highest rate of mortality is between the ages of one and fifteen years. The third period in the rate of mortality is from fifteen to twenty-five years. While this is the shortest period excepting that of infancy, yet it yields the largest number of cases; showing the increased susceptibility on the part of those vaccinated to the disease after the age of puberty, and especially during adolescence. There is, however, nothing in the death-rate that is remarkable.

"The period of life from twenty-five to forty-five years shows the lowest rate of mortality, while from forty-five years upwards the death-rate is again increased.

\* \* \* \* \*

"Objections have been urged against vaccination by some, that danger was to be apprehended of introducing syphilis as well as other diseases into the system; and it may be well enough to notice it here.

"Syphilis differs from any other of the diseases which it has been said may be propagated by vaccination, in being an inoculable disease, a disease, except in the form in which it manifests itself hereditarily, which is always the result of inoculation. But the inoculation which produces it is the inoculation of its own infection. And as small-pox produces small-pox, vaccinea vaccinea, glanders glanders, so does syphilis produce syphilis.

"The causes of all these and other inoculable infections are specifically so distinct, that it has ever been held by medical authorities in the highest degree improbable that the unmixed inoculable products of any one of them should convey any other infection along with it.

"The replies given by between five and six hundred medical gentlemen, comprising nearly every distinguished medical authority in Great Britain, and many or most of those of France and Germany, to the question proposed in 1856 by Mr. Simon, the medical officer of the Board of Health in London, were in entire accord in rejecting the possibility of such communication. The question was, 'Have you any rea-

son to believe or suspect that lymph from a true Jennerian vesicle has ever been a vehicle of syphilitic, scrofulous or other constitutional infection to the vaccinated.' All answered in the negative with one exception, Mr. Hutchison.

\* \* \* \* \*

"All pathological researches accumulate the evidence of the constant correspondence between the material in the blood on which each specific disease depends, and the morbid structure by which each is manifest. Thus the transformation of the syphilitic poison is indicated in the primary, secondary and tertiary affections, the transformation of the scarlatina poison by its regular symptoms and sequela, and so if the vaccine virus were capable of any transformation besides those which mark its regular influence in each patient, such transformation, we may be sure, would be indicated by corresponding and evident changes in the vaccine vesicle.

"Unvaccinated persons suffering from chancres have been vaccinated, and vaccine vesicles raised in close proximity to the chancres, and from the vesicle so raised vaccination has been performed, but never has it happened, on a single occasion, that syphilis, or that any other result than vaccination has followed the use of vaccine lymph thus purposely taken from a syphilitic subject.

"Experiments have been performed by using lymph taken from other various diseases besides syphilis, but not one of these diseases were they able to communicate through the lymph.

"These conclusions which we have arrived at proceeded on the assumption that not only vaccine lymph was used, but that it was unmixed, pure vaccine lymph.

"If the matter of syphilis was mixed with vaccine lymph, modern experiments show that syphilis would result. It appears conclusive, then, that syphilis cannot be conveyed by means of true vaccination.

\* \* \* \* \*

"The question is often asked, 'Will lymph degenerate after passing through a succession of human beings?' The lymph chiefly used throughout England is from the National Vaccine Establishment, which is mainly, if not exclusively, Jenner's lymph, and Dr. Seaton says he can affirm that it has lost nothing of its infecting power, and that the vesicles produced by it correspond exactly in their course and character with Jenner's description.

"The National Vaccine Board made a statement that the vaccine lymph does not lose any of its prophylactic power by a continued transit through a succession of subjects, and that it is a fallacy to predicate the necessity of resorting to the original source of the cow for a renewed supply."

After a day spent in agreeable interchange of thoughts on practical subjects pertaining to our noble profession, on motion, the Association adjourned to meet in Calhoun on the first Tuesday in May, 1873, at 11 o'clock, A. M.

A. C. Wood,  
Cor. Secretary.



## EDITORIAL DEPARTMENT.

## PERISCOPE.

## On Lymphoma in Children.

At a recent medical meeting in Edinburgh Dr. ARTHUR GAMGEE read a paper entitled Cases of Lymphoma observed in the Royal Hospital for Sick Children, with commentaries clinical and pathological. He began by discussing the relation of leucocythæmia and lymphoma to each other. He traced the history of our knowledge of lymphoma, from the observations of Hodgkin, from whom it was called Hodgkin's disease, to those of Virchow, Bright, Addison, Wilks, Murchison, and Burdon-Sanderson. Hodgkin's disease is a lymphatic anæmia in its essence, an enlargement of lymphatic glands with formation of secondary deposits. Virchow was the first carefully to study this, and to work it out to a true hyperplasia of the lymphatic glands, which secondarily spread to contiguous tissues, and even infiltrated the neighboring parts. Dr. Gamgee related at length the clinical history of cases, of one of which the following is an outline. J. R., aged 5, was taken ill, apparently of a low fever, was admitted to the hospital in two months, and died within four months from the beginning of her illness. She had a tumor in the anterior mediastinum, and excessively hypertrophied cervical and mediastinal glands. The presence of the mediastinal tumor produced many curious lung symptoms, but the lungs were found absolutely healthy. The blood was deficient in red corpuscles, but there was no increase in the number of white cells. When in hospital, she was torpid and feeble; she was treated by vinum ferri, good food and stimulants, but without benefit. Before death the enlarged glands greatly diminished in size. At the necropsy the tumor was found to be the thymus much enlarged. It was adherent to the diaphragm, and projected more to the right than to the left side. The spleen and liver, as well as the lungs, were perfectly healthy. The enlarged glands were simply hypertrophied, no abnormal deposit being present. Sections of the different tumors and glands were shown under microscopes. Dr. Gamgee pointed out the abnormally rapid progress of the case. In the absence of secondary deposits, it resembled a case of splenic leucocythæmia. This case also proved the occasional origin of lymphoid tumors in this situation in the thymus gland. Dr. Sanders remarked on the interest of the case, and showed how the varying lung-symptoms might depend

not only on variations in the size of the tumor, but also on variations in the amount and power of the patient's inspiration. Dr. T. A. G. Balfour described a case of congenital lymphoma which he had lately seen. The infant died in three and a half days; and the liver was enormously large, studded with patches of lymphoma, which resembled cancer.

## Intra-Uterine Medication.

Dr. WHITEHEAD is opposed to uterine injection. He says in the *British Medical Journal*:—

I have witnessed as severe peritoneal suffering from the injection of pure cold water as from the strong nitrate of silver solution; but water at a temperature of 100° F. does not occasion distress beyond a sense of tormina of a few minutes' duration. It is evident that fluids injected within the uterine cavity, even *without force*, and in small quantity, may mount, by ciliary action, through the fallopian tubes into the peritoneal cavity with great quickness. The cold water injected on two occasions in very small quantity, the piston of the syringe being quickly withdrawn, could not have lost more than one or two degrees of its coldness before entering the peritoneal cavity, and its presence there was manifested in less than thirty seconds.

But of late years I have nearly abandoned injections into the uterus. I find it better and safer, and attended with much less trouble, when treating chronic endometritis, to apply remedies by means of Lallemand's porte-caustique. This instrument, although intended for the male urethra, is quite as useful for the female in cases of endometritis. The groove of the stilette, charged with an ointment of nitrate of silver of suitable strength, or with axunge, the surface of which, covered with finely powdered nitrate of silver, sulphate of zinc, perchloride of iron, or any other remedy, being drawn within the cannula, can be safely introduced through the first passages. On arrival within the uterine cavity, the stilette must be protruded and rotated by manipulation of the handle, by which means the remedy is brought freely into contact with all the surfaces of the cavity. This part of the process should be done slowly, in order to allow the charge in the groove to melt and lubricate the whole interior of the organ.

In my experience, this mode of application of remedies to the interior of the uterus has not been followed by any metritic or peritoneal disturbance whatever, and frequently has resulted favorably.

## REVIEWS AND BOOK NOTICES.

## NOTES ON CURRENT MEDICAL LITERATURE.

—The following brochures have recently been sent us:—

*Myrinjectomy*, by Dr. J. S. Prout.

*Criminal Responsibility of Epileptics*, by Dr. M. G. Eccheverria; reprinted from the *American Journal of Insanity*.

*Puncture of the Bladder* by Dieulafoy's Aspirator, by Dr. James A. Little; from the *New York Medical Journal*.

*Juries and Physicians on Questions of Insanity*, by R. S. Guernsey, Esq., of the New York Bar.

*Ophthalmic and Aural Surgery Reports*, by Julian J. Chisolm, M. D.

*Burns and Scalds, and their Treatment*, by Jas. F. Montgomery, M. D.

*Annual Reports of the New York Orthopedic Dispensary, of the Pennsylvania Hospital for the Insane.*

—*Philadelphia Medical Directory*. This useful little volume has appeared for the current year, under the editorship of Dr. JOHN H. PACKARD. It contains a large amount of reliable information about the medical schools, hospitals, asylums, etc., of this city.

—*The U. S. Marine Hospital Service*. The Marine Hospital Service of the United States was organized in 1798, but its first Annual report has just been published. It is a compact volume of a hundred pages, issued under the care of Dr. JOHN M. WOODWORTH, the supervising surgeon of that branch of the service. It contains a brief historical sketch of the service, the records of a number of cases, and tabular statements of diseases. The publication is a cheerful sign of an active scientific life in marine surgery.

—In a review of Mr. BALFOUR BROWN'S *Jurisprudence of Insanity*, *The Nation* says:—Public sentiment, it is to be hoped, appreciates the danger of allowing the physician to take sides with the prosecution or the defence. The position of advocacy palpably unfits him for coolness of judgment; his gifts of forcible statement, of unflinching and unblushing adherence to truth (as he chooses to consider it), of popularizing medical "science" for the benefit of a popu-

lar audience; these gifts, impressive as they may be, ought never to be the openly acknowledged property of one side. We have the sympathy of a large body of the medical profession in making these statements.

## BOOK NOTICES.

*Fistulae, Hemorrhoids, Painful Ulcer, Stricture, Prolapsus and other Diseases of the Rectum; their Diagnosis and Treatment*. By WILLIAM ALLINGHAM, M. R. C. S., etc. Second edition, revised and enlarged. Philadelphia: Lindsay & Blakiston. 1 vol., cloth, 12mo, pp. 265.

The first edition of Mr. ALLINGHAM'S little book met with a prompt sale, and deservedly so, for it was a practical and judicious treatise on the branch of surgery with which it dealt. The present edition is slightly enlarged, and the author has been careful to give it a conscientious revision, making his additions chiefly on those points where they will be most welcome, namely, in the sections devoted to treatment.

These complaints are very common, very painful, and often very obstinate; so that it is the duty of every physician, as also his obvious interest, to acquaint himself with the resources of surgery concerning them. Doubtless, therefore, this new edition will meet with a reception not less cordial than the previous one.

*Transactions of the Medical Society of the State of California, during the years 1871 and 1872*. Sacramento, 1872. pp. 227.

Among the articles in this volume, besides the minutes and the address of the president, Dr. H. GIBBONS, we may mention a report on contused and lacerated wounds, by Dr. A. B. NIXON; on climatology and epidemics, by Dr. F. W. HATCH; on the medical botany of California, by Dr. W. P. GIBBONS; on the differential diagnosis between remittent and typhoid, and typhoid and typhus, by Dr. JOHN C. VAN WYCK; on epidemic dysentery in San Joaquin county; on stone developed by urethral stricture, by Dr. E. B. ROBERTSON; and on fractures and dislocations of the astragalus, by Dr. JAMES SIMPSON. Dr. THOMAS M. LOGAN contributes, in connection with Dr. A. B. HIRST, a report on the cultivation of the cinchona tree, and on the use of thermal and other mineral springs in the treatment of chronic disease.

## MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, MARCH 8, 1873.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Societies and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical, brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

Subscribers are requested to forward to us copies of newspapers containing reports of Medical Society meetings, or other items of special medical interest.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

## THE EFFECTS OF AGE ON THE FACULTIES.

Of recent writers who have examined most philosophically the questions relative to the influence of advancing years on the intellectual and moral faculties, we have read none whose opinions struck us as more judicious and more completely supported by actual and extended observation, than Sir HENRY HOLLAND. In his "Medical Notes and Reflections," and again in his recently published "Recollections of Past Life," he dwells at length on this suggestive topic.

We do not remember whether it is he or some other author who mentions the whimsical fact that nearly every writer on this subject issues, in his various essays, to put the golden decade or quinquenniad of life further and further along as he himself advances in years. If he attacks the question when young, youth is to him the halcyon days, and all men beyond their sixth lustre are already losing "the flush and vigor of their prime;" as he himself progresses beyond this term he reconsiders his earlier opinions, pronounces them crude, and declares for middle life as the period which combines the utmost strength of body with

force of intellect; still later, when a hale old age has not yet forcibly reminded him of the approximating close, he declares that the ripening of the faculties is only to be found in the autumn of life, and that all previous experience has been but the callow spring and maturing summer of the mental qualities. As a physiologist, he then emphasizes the fact that the cerebral substance does not cease its growth with the body, but increases its convolutions constantly to very advanced life. As a historian, he quotes the numerous examples of successful effort in old men.

These reflections have been called to mind by an abstract we have recently seen of a lecture on the "Decline of the Moral Faculties in Old Age," delivered before the Long Island Historical Society, by Dr. GEORGE M. BEARD. The title is startling at first, for the world currently believes that old age is nothing unless moral. *That* is its strong point, whether as a virtue or a necessity. Even the cynical La Rochefoucauld granted that "we are always anxious to do good by precept, when we can no longer do evil by example." Dr. BEARD locates the golden period of life between thirty and forty; without knowing anything about the matter, we feel quite certain that the Doctor's own age, at present, lies somewhere in this decennium.

But, as Hamlet told the players, does he not do himself wrong thus "to exclaim against his own succession?" His position, indeed, is a novel one. He grants that the most numerous exceptions to the law of general intellectual and moral decay after this period are found in the realm of *imagination*. So far from coinciding with the great poet, and believing in "the years which bring the philosophic mind," he claims that precisely in the realms of reasoning, philosophic thought and invention, examples of ability in old age are very rare.

The moral decline which he believes he demonstrates in the aged, is owing to pro-

longed over-exercise of the lower faculties, to diseased conditions of the brain and other organs, and to intellectual failure.

Unquestionably increasing infirmities do impair the intellect, and this may lead to an obscuration of the moral powers. But in the vast domain of history, with the *Biographie Universelle* at one's elbow, it would be absolutely easy to advance just as many instances against any one such theory as its advocates can adduce in its favor. The tendency to hasty generalization in this field is very strong, and this tendency is one, at least, which we certainly concede, and here all will agree with us, is more vigorously developed in younger than in older men.

## NOTES AND COMMENTS.

### Primary Medical School.

The Board of Curators of the University of Missouri, at Columbia, at its meeting in December last, passed an ordinance establishing a Medical Department. The Medical School so established was to open for the reception of students on the 15th of February, and continue in operation until the 27th of June, making a session of only half the time to be devoted hereafter to each annual course of medical teaching. After the first half session, the school will open, annually, on the first Monday in October, and continue for the term of nine months, or through the entire college year. The length of the sessions being double that occupied in teaching in medical schools generally, will enable the work to be done by a smaller number of teachers; and, at the same time, permit the faculty to teach the various subjects of a complete medical course in their natural succession and order. This department is intended to be a primary and theoretical school, the grand aim of which will be to thoroughly indoctrinate the student in the principles of Medicine and Surgery. While the value of clinical instruction will be fully admitted by every enlightened member of the profession, it will be as freely conceded, by all such, that it is a very unprofitable use of time for a "first-course" student to devote attention to it. When the student is versed in the principles of medicine, and

prepared to profit by observations at the bedside, he will be urged to seek such instruction wherever it can be had, both at home and in our larger cities. For the first half session (from the 15th of February to the 27th of June) a merely nominal fee, of twenty dollars, will be charged. After the school is fully organized, and in complete working order, a regular fee for the full term will be established by the Board, equal to that required in all first-class institutions. The following is the Faculty:—Daniel Read, LL.D., President of the University; Joseph G. Norwood, M. D., Professor of Chemistry, the institutes of Medicine, and Medical Jurisprudence; George C. Swallow, A. M., M. D., Professor of Botany, Comparative Anatomy, and Comparative Physiology; Paul Schweitzer, Ph. D., Professor of Pharmacy and Toxicology; T. Allen Arnold, A. M., M. D., Professor of Anatomy, and of the Principles and Practice of Medicine; A. W. McAlester, A. M., M. D., Professor of Surgery, of Therapeutics, Obstetrics, and the Diseases of Women and Children. For the present, Dr. Arnold will perform the duties of Demonstrator of Anatomy. Ample material will be supplied for dissections. For information in relation to the school application may be made to the President of the University, to J. G. Norwood, Dean of the Faculty, or to R. L. Todd, Secretary of the Board of Curators.

### Attending the Poor by Contract.

We are glad to observe that the Commissioners of the Poor, of Ohio Co., West Va., have discontinued the practice of letting the attendance on the Poor of the county to the lowest bidder, and have appointed a physician at a salary of \$600. This is a step forward. The respectable members of the profession of the county, united in a memorial to the Commissioners on the subject, which will be found in another column. We notice that two whose names are among the signers of the memorial are also among those who made bids for the position, viz. Drs. W. J. BATES, Jr., and J. E. REEVES. The former bid for the "job" at \$350, and under the new arrangement, was appointed to it at a salary of \$600. We are unable to see the consistency of such conduct. The action of the commissioners was not what was so reasonably recommended in the memorial of the physicians.



## A Scholarly Production.

A truly scholarly physician is too rarely found in this money-getting age, not to deserve special mention, even when his contributions to literature are aside from his professional pursuits. Of the few we could name, in classical accomplishments none excel Prof. JOHN ORDRONAU, M. D., whose medico-legal works are familiar to most of our readers. The following beautiful Latin Hymn is from his pen, and we cannot hesitate to give space to it, convinced that it will give pleasure to not a few of our friends.

## CARDIPHONIA.

## I.

Quum in tenebris Te quaesivi,  
Jesu, debellator Leti,  
Vocem lenem tunc audiui,  
Credere Mihi.

## II.

Illecebris cinctus ubi,  
Aut ineptiis insanavi,  
Voce hac me reclamasti,  
Credere Mihi.

## III.

Errans, antehac incertus,  
Mundum colens—Te aversus,  
Fatur vox salutis, dixi,  
Credere Mihi.

## IV.

Illa vox haud frustra clamat;  
Ecce, Verbum cor inspirat,  
Verbum incarnatum pulsant  
Consequi Te.

## V.

Oro—Domine—exaudi!  
Ad altare tremens veni,  
Cor contritum nunc accipit,  
Credo Tibi.

## More French Discoveries.

Not long since we noticed some recent French investigations into the action of the oxy-hydrogen blowpipe on lime in producing an intense light, which was claimed as something new, while it was an old affair here twenty-five years ago.

We are now gravely informed by the *Medical Record*, of London, that the subject of treating rheumatism by *propylamine* has been under discussion before the Société Médicale des Hôpitaux, of Paris, and that cases were reported in which it had

been used successfully. The virtues of propylamine were tried, discussed, and had their day in this country ten years ago! The results will be found fully reported in the columns of this journal, in 1860 and 1861. We are gravely told that propylamine has been selling in Paris at 200 francs per kilogramme, but it is hoped soon to reduce the price to 80 francs! Some of our druggists may have an opportunity of disposing of some of their old stock at an advance!

## The Medical Register and Directory of the United States.

By a notice in our advertising columns it will be seen that circulars calling for information have been sent to all the physicians in certain States and Territories named. Another lot will be sent out soon. It is earnestly hoped that prompt attention will be given to these circulars, and that those not receiving them will notify us. Physicians connected with public medical institutions and societies are requested to give us specific information in regard to such institutions, date and method of organization, and any facts of general interest, as we design to give as complete a medical history of each State and its institutions as possible.

*Medical journals are requested to aid us in the objects set forth above.*

## The "Livingston University," of Camden, N. J.

Through our agency the attention of the Senator who introduced the charter into the New Jersey Legislature, for the "Livingston University, of Camden," was called to the probable character of the proposed institution, on which he promptly withdrew it until he could learn more in regard to it. Our friends in New Jersey must, however, be wide awake, or the charter will yet be slipped through tacked to some other bill. Such a game was played by one of the bogus "Universities" in this State.

## Management of Hospitals for the Insane in New York.

Gov. Dix, of New York, transmitted to the Senate, February 17th, the report of the commission appointed by Gov. Hoffman, in August last, to investigate the management of the various lunatic asylums of the State, and particularly Bloomingdale, in New York city. The commission consisted of Attorney-General Barlow, Dr. M. B. Anderson, Presi-

dent of Rochester University, and Dr. Thomas Hun, of Albany. Their report is general in its nature, and does not go into particulars in regard to any institution visited by them. They agree in the urgent necessity of placing all lunatic asylums under official supervision, and as regards the Bloomingdale Asylum, they are of opinion that the charges made in the public prints against it are unfounded, though they think there has been culpable laxity in the management of the institution during the past summer. The commissioners believe that there is little danger of sane persons being confined in asylums. They have failed to find any such in those visited by them. Mr. Barlow and Dr. Anderson are of opinion that a supervising officer, to be nominated by the Governor and confirmed by the Senate, should have full power to visit all lunatic asylums of the State, and to examine and report upon them. They have drawn a bill providing for the appointment, and giving such officer the proper powers and requisite authority, and the Governor transmitted this to the Senate with the report.

### CORRESPONDENCE.

Card from Dr. J. J. Reese.

EDS. MED. AND SURG. REPORTER:

During the last trial of Mrs. Wharton, at Annapolis, a rather unusual display of personal malevolence was manifested by a couple of the witnesses for the prosecution—one a medical, and the other a chemical witness—in relation to an article published by myself in the *Amer. Jour. of Med. Sciences*, April, 1872, entitled "*A Review of the Recent Trial of Mrs. E. G. Wharton, on the Charge of Poisoning Gen. W. S. Ketchum.*" The epithet "infamous" was applied by both these individuals, while on the witness-stand, to this paper; and the attempt was made to convey the impression that I had republished this article in pamphlet form, and had flooded Anne Arundel County and other parts of Maryland with copies of it, in order to influence public opinion in relation to the pending second trial of Mrs. Wharton.

I will not stop here to animadvert upon the action of the Court, which could permit such indecorous language to be used by the State's witnesses, without rebuke. I did not then have the opportunity to reply. I now respectfully ask the favor of your journal to enable me to state the truth about this matter; and I do this the more freely, since two

of the Baltimore daily papers have declined the publication of this card.

As already mentioned, the "Review" was written for, and originally published in, a purely scientific journal, which circulates almost exclusively among medical men. After its publication, Mr. Crawford Neilson, of Baltimore, a friend of Mrs. Wharton, wrote to me that he was of the opinion that its more general perusal would be calculated to disabuse the public mind of certain erroneous ideas connected with Mrs. Wharton and her late trial, and to overcome the great prejudice entertained against her. He further requested me (as himself testified at the recent trial) to ascertain if he could get some 250 or 300 copies printed in pamphlet form, at his own expense, for circulation. I replied to his letter, rather dissuading him from the project, and stating my reluctance to appear before the public as a pamphleteer, lest I might be considered a partisan. I moreover said that the permission to republish the article must come, not from myself (the author), but from the publisher of the journal to which it had been contributed. Mr. Neilson again wrote, begging to overrule my personal objections, and sent an order for printing 300 copies, with the consent of the publisher. His order was executed, and the pamphlets were sent to him by the printer, to whom he returned his check for the amount of expenses incurred. A few copies were given to me (about twenty), which I distributed among my professional friends; two I sent to Annapolis—one to Mr. Revell, the District Attorney, and one to Mr. Hagner; three I sent to Baltimore—two of them to Mrs. Wharton's attorneys, Messrs. Steel and Thomas. I sent none to Mrs. Wharton, or to any of her family.

So much, Mr. Editor, for my personal agency in circulating this "infamous pamphlet" throughout Maryland! As regards the propriety of the application of this very polite term to my original paper, I am entirely willing to leave it to the decision of your numerous intelligent readers. I am fully aware that the exposure of errors—either professional or otherwise—is not palatable to the parties concerned; but I think you will agree with me that great principles in science and law ought to take precedence of mere personal feelings, and those of wounded vanity.

I will only add that, since the "Review" was written, I have the satisfaction of knowing that the important *chemical* points there taken and sustained in relation to the proper methods of detecting antimony as a poison, are fully endorsed by Professor A. S. Taylor, of London, in the new edition of his "*Principles and Practice of Medical Jurisprudence*," which is now passing through the English press; and that the *medico-legal* points contended for are sustained and adopted in the last edition (1873) of "*Wharton and Stille's Medical Jurisprudence*"—a leading American authority.

JOHN J. REESE, M. D.  
Philadelphia, 1840 Green street.

## The Vapor Bath in Hydrophobia.

EDS. MED. AND SURG. REPORTER:

I wish to call your attention to a case of hydrophobia published in the *Transactions of the American Medical Association*, held at Detroit, 1856. A committee was appointed by a previous meeting, of which Dr. Blatchford, of Troy, N. Y., was chairman, to investigate the subject of hydrophobia, and the following case, with two or three hundred others, was reported.

This was the case of Joseph Bell, which occurred in June, 1836. Four persons were bitten by the same dog, to wit: Mr. Bell, a son and daughter, and a Mr. Vroman, and a large number of animals. All of the animals known to have been bitten went mad and died. The son of Mr. Bell went mad and died two weeks before his attack; his attack came on 148 days after the bite.

Joseph Bell, aged 38, a man of sound health, was attacked in the month of June, 1836, with the current symptoms of hydrophobia. A consultation of several physicians was called, and the following treatment adopted: The patient was placed on a straw bed (with four assistants to hold him during his paroxysms) in a small bedroom, a large kettle of hot water placed at the foot of the bed, and hot bricks thrown into the kettle, and in the course of twenty minutes the temperature of the room was 140° Fahrenheit; a sweating followed, which, in half an hour, was profuse. The paroxysms, which had occurred once in fifteen or twenty minutes, began to abate in frequency and violence, and after one hour entirely ceased. Cold water had been frequently offered him, which he could not swallow, and which invariably threw him into fits; but after an hour, sage tea, with milk in it, was given him, which he swallowed easily, and in the course of two hours he drank two quarts. The sweating continued profuse for four hours, when the heat was diminished, but the sweat was not allowed to entirely subside for four days. No medicine was given during the treatment excepting an injection to move the bowels on the second day. After the first five hours an eruption appeared over the whole surface, which exfoliated and disappeared in about four days. Mr. Bell remained in his usual health till about four years since, when he died from congestion of the lungs.

I have been quite surprised that the case has never been mentioned in any of the journals, for as yet no satisfactory treatment has been adopted in this disease.

HORACE MANLEY, M. D.

Richfield Spa, N. Y.

[The case to which our correspondent refers will be found in the *Transactions of the American Medical Association*, vol. ix, p. 334. We should add, various more recent experiments with the hot vapor bath in Europe do not bear out the hopes inspired by this case.—EDS. REPORTER.]

## NEWS AND MISCELLANY.

## COLLEGE COMMENCEMENTS.

## University of New York.

The thirty-third annual commencement of the Medical department of the University of New York was held Feb. 20th, at Association Hall. The hall was crowded by representatives of the profession and the elite of the city. The exercises were introduced by reading of the Scriptures by the Chancellor, Rev. Howard Crosby, D. D., followed by prayer by Rev. Dr. M. S. Hutten.

The degree of Doctor of Medicine was then conferred upon sixty-five graduates.

The following prizes were then awarded: The Budd Prize, a case of obstetrical instruments, valued at \$100, for proficiency in obstetrics and gynecology, to Dr. R. A. Murray, of New York. The Loomis Prize, a case of instruments for physical diagnosis, to Dr. C. A. Hopper, for the best report of clinics. The Roosa Prize, for the best report of the clinics on diseases of the eye and ear, to Dr. C. E. Hall, of New Hampshire. The Weiss Prize, for the best report of the lectures on diseases of the skin, to Mr. Geo. D. Hersey.

In the Department of Anatomy, the Mott Medals were awarded as follows: Gold medal, E. Waitzfelder; silver medal, E. E. Josselyn; bronze medal, G. M. Woodcock.

An address, abounding in delicate humor, was delivered to the graduating class by Dr. W. H. Thomson.

The Doctor quoted illustrations from a treatise on medicine, published in the sixteenth century by Dr. Crook. He asserted that Harvey was not persecuted for his discoveries, as is falsely stated, but that as soon as they were properly demonstrated the profession accepted them. No discovery in medicine has been made which has not been introduced to the public through the regular profession, while the opposition they are blamed for has prevented the acceptance of many theories which are now acknowledged to be absurd, but which through quackery have been more or less popular. He closed with an earnest plea for the endowment of medical schools.

The valedictory address was delivered by Dr. C. E. Beebe, of New York.

The University Medical College have occupied their new building at the foot of East Twenty-sixth street for three years, during which time the number of matriculants has steadily increased. During the past Winter the students have numbered upward of 300. Five students who had completed the required time of study failed to pass the recent examination, and were "plucked."

The trustees of the colleges are endeavoring to obtain an endowment of half a million, with the intention of abolishing the lecture-fee system. A large proportion of this amount has already been pledged it.



College of Physicians and Surgeons, Baltimore.

The first annual commencement of the above institution was held February 18th, at the Masonic Temple. The following report by the Dean will explain the supposed necessity for starting a new medical school in Baltimore, and give an idea of its success so far, which really seems to be remarkable.

It is in accordance with an established rule of the Faculty of the College of Physicians and Surgeons that the Dean shall at each annual commencement make a report of the progress and condition of the institution.

Impressed with the rapid growth and expansion of our beautiful and attractive city, and knowing that others, when they had no greater population than we have at this time, supported twice as many medical schools, we conceived the idea of starting this enterprise.

We were fortunate in securing a building centrally located, and having large and well-appointed lecture and dissecting-rooms, which have been supplied with models, casts, plates and other appliances.

In addition, we have a public dispensary that has been a fruitful source of material, enabling us to combine clinical lectures with didactic teaching.

Notwithstanding the manifold obstacles and hindrances at the outset, and that we only made our announcement one month prior to the beginning of the session, we have had seventy-three matriculates, eighteen of whom, having attended lectures at other colleges, are here to-night to receive our endorsement as worthy of the degree of Doctor of Medicine.

I have, furthermore, the gratification to announce that we have a Faculty co-operating with energy, in unity and harmony.

Since these things are so, and since an honorable competition begets zeal, thrift and success in all enterprises, may we not look forward to the time when Baltimore will be as proud of the number and flourishing condition of her medical schools as she is to-day of the architectural beauty of her monuments and the splendor of her public buildings.

THOMAS OPIE, M. D., Dean.

Certificates of distinction and proficiency in the various branches of medicine were then distributed to a number of students.

Addresses followed by Judge GILMORE, President of the Board of Trustees, and by Prof. EDWARD WARREN, M. D.

#### Attending the Poor by Contract.

The following is the paper mentioned in another column:—

To the Board of Commissioners of Ohio County:

GENTLEMEN—The undersigned, regular physicians of the city of Wheeling, having seen the advertised order of your honorable Board for bids on the part of city physicians for "attendance on the poor, examinations of lunatics, and post-mortem examinations, in case of medico-legal investigations, to be awarded to the lowest bidder by

the year," would respectfully represent that it has always been the practice of the medical faculty of this city to render gratuitous service to the poor, who should always be objects of their attention; but we think that class called *paupers*, who are maintained at the *public expense*, should not only receive proper medical attendance, but physicians should be compensated therefor, in proportion to the amount and character of service rendered. If paupers' bills for food and clothing are paid for out of the public treasury at the usual prices for such articles, why should a physician be asked to render his services (by which he obtains a living) gratis, or at half, or quarter rates? besides paying his proportion of taxes from which said bills are paid.

If a pauper is sick, he (like others) may have a special preference for a medical attendant; and if a uniform charge is made therefor, what difference does it make to the public? We would therefore suggest that the Overseers of the Poor in each district be empowered to call in such physician as the patient may desire; or, if he has no preference, the Overseer may use his own discretion. We are quite satisfied there is more *economy* and better attendance by this method than by giving it out to the lowest bidder for a stipulated sum per annum. All experience proves the latter plan to be a *high price for service never rendered*. We would further state that examinations in questions of lunacy are generally of such legal importance, involving the estate, liberty, social relations, etc., of the patient, that they should be decided only by physicians having knowledge and experience in such matters, capable of protecting both the State and patient in their rights and privileges.

In families, the inception of lunacy is held with so much secrecy and delicacy as only to be confided to the family physician, who is, therefore, the *best person to adjudge and advise in the case*. Post-mortem examinations, whether in case of suspected murder, sudden death, or suspected poisoning, etc.; involves such an intimate knowledge of the anatomy of the human body in health, and the functions of the different organs, and the variations and disturbances induced by disease, poison, etc., that an *expert* is the only party to perform it intelligently. Otherwise, the ends of justice and the purposes of law can never be fulfilled.

If such high and important public trusts as post-mortem examinations and questions of lunacy do not receive a compensation suitable to the skill and judgment necessary to their performance, they will not be done; and if attempted by unskillful and incompetent persons, they are worthless and unreliable.

The legal profession are never asked or expected to run a *mercenary competition* with each other. On the contrary, every legal enactment requiring the service of a lawyer amply provides for his compensation. Why should not the same rule apply



to physicians? The one involves the *money* or *estate* of an individual, the other often his *life* or *liberty*.

No physician can sell his services *by the year* to a family, county, or city, without injustice or inequality to one or both parties; hence it is forbidden by the American Medical Association, and her auxiliary State and Local Medical Societies.

If the county, like private individuals, *pay only for medical services rendered* (at established rates), the bills in the former case being always sworn to, we are satisfied that it will cost the city or county *less* than by letting *by the year*; besides insuring a faithful performance of the duty.

We claim to be honest citizens of the county, old citizens, familiar with the subject of petition, and actuated only by motives of kindness in the statement of facts herein presented.

All of which is respectfully submitted.

E. A. HILDRETH,	JAMES CUMMINS,
R. H. CUMMINS,	JOHN FRISSELL,
B. W. ALLEN,	G. BAIRD,
H. J. WIESEL,	W. J. BATES,
JOHN C. HUPP,	S. L. JEPSON,
RICHARD BLUM,	W. J. BATES, JR.
E. W. BINGEL,	D. BAGUELY,
A. S. TODD,	C. E. MARTIN,
R. W. HAZLETT,	JAS. E. REEVES.

Wheeling, West Va., January, 1873.

#### Death of Professor Hodge.

Hugh L. Hodge, M. D., LL. D., died February 26th, of angina pectoris, at his residence, in this city. Dr. Hodge was the son of one of the old physicians of the last century, Dr. Hugh Hodge. The deceased was born June 27th, 1796, in the neighborhood of the Delaware front of the city, and has resided in Philadelphia all his life. He was celebrated as an obstetrician, and occupied the chair of Professor of Obstetrics and Diseases of Women and Children in the University of Pennsylvania for about thirty years. He was also the author of "Hodge's System of Obstetrics," and "Diseases Peculiar to Women," both of them occupying a high place as standard medical works. He also wrote a large number of lectures, addresses, pamphlets, and articles for medical journals, and only two days prior to his death was preparing an article for a medical journal. Dr. Hodge was widely known for his original or improved instruments for obstetrical surgery, which have been almost universally adopted in practice, both here and in Europe.

The following resolutions were adopted by the Philadelphia County Medical Society, February 26th, 1873:—

Whereas, It has pleased Divine Providence to remove to a happier sphere one of the most honored members of our Society, who, during a long and useful life, has ever been noted for the purity and benevolence of his character, not only as a physician, but also as a citizen of Philadelphia, Therefore

*Resolved*, That the Philadelphia County Medical Society have recently learned, with deep regret, of the sudden and unexpected death of Dr. Hugh L. Hodge, Emeritus Professor of Obstetrics in the University of Pennsylvania, and one of the oldest members of this Society.

*Resolved*, That by the death of Dr. Hodge this Society has lost a highly esteemed member, whose skill and erudition had gained him a world-wide reputation as an accoucheur and made him an authority in difficult cases that greatly relieved the anxious hours of his juniors, who were often led by his courtesy and high professional honor to avail themselves of his valuable assistance.

*Resolved*, That the members of this Society, most of whom have been his pupils, recall with pride and pleasure the sound and practical precepts inculcated in his teaching.

*Resolved*, That Dr. Wm. Goodell be requested to prepare a biographical memoir of our late member, to be read before this Society.

*Resolved*, That the Philadelphia County Medical Society respectfully tender to his family their sympathy in their affliction.

Dr. Isaac S. Mulford.

The death of Dr. ISAAC S. MULFORD, an eminent physician of Camden, N. J., took place lately, at his residence, from pleuropneumonia. Dr. Mulford, who had reached the advanced age of seventy-three, was one of the oldest residents of our neighboring city, and had lived over forty-five years in the same mansion, which, at the time of its purchase by him, was a farm-house belonging to the Cooper estate, and still remains, isolated and antique, amid the rapid progress of innovated architecture. Dr. Mulford was born in 1800, in the county of Cumberland, and when admitted to the practice of medicine, he moved to Camden, where he married Rachel Mickle. He devoted much time to literary pursuits, and was the author of an excellent work on "The History of New Jersey." He was a consistent and respected member of the Society of Friends.

#### Philadelphia Dental College.

The exercises of the Tenth Annual Commencement of the Philadelphia Dental College were held Friday evening, Feb. 28th.

The address to the graduates was delivered by Prof. J. H. McQuillen, Dean of the Faculty, and the valedictory address by S. E. Knowles, M. D., of California.

The programme of the College for the ensuing year, gives the names of 91 matriculants.

Mr. James Startin.

Mr. James Startin, F. R. C. S., the well known physician for skin diseases, in which specialty he was singularly successful, died on December 24th, at the age of 66. We believe Mr. Startin was the first to introduce glycerine into medical practice.

### Mr. I. B. Brown, F. R. C. S.

We have to announce the decease of Mr. Isaac Baker Brown, than whom few surgeons were more widely known in England, and throughout Europe and America. The example of Mr. Brown as one of the earliest successful ovariologists did much to establish that brilliant and life-saving operation among the legitimate proceedings of surgery. It was from Baker Brown that Nélaton, at a special visit paid for the purpose, learned enough to induce him to introduce ovariectomy into Paris. Mr. Brown was one of the earliest and most active of the founders of St. Mary's Hospital, Paddington. His last years were clouded by misfortunes, and by a loss of position, which was followed quickly by complete nervous prostration and paralysis. He suffered severely from the recent cold, and died of congestion of the lungs.

### Dr. Charles Hutama.

Dr. Charles Hutama died at Sedalia, Mo., recently, at the age of 94 years. He was a Pole, and served in the French army under Napoleon up to the defeat at Waterloo; was through the Polish insurrection in 1830; came to this country in 1836 and served through our Mexican war, and in 1863 joined the Seventy-fifth Pennsylvania regiment as surgeon, but after twelve months' duty was obliged to retire on account of old age.

### Longevity of Medical Men.

The obituary of the *London Times* and the medical journals have recorded some remarkable illustrations of prolonged existence in members of the medical and surgical professions who have died in the year which has just closed. It will be seen, says the *Times*, in the subjoined list, that only those who have reached fourscore years and upward are published, as Hugh Andrews, M. D., and Peter Miller, M. D., each 94 years of age; Bowyer Vaux, F. R. C. S., 91; Augustus Bozzi Granville, M. D., and Francis Kiernan, M. R. C. S., each 89; Robert Venables, M. D., 88; Robert Buchanan, M. D., 88; Thomas Leigh Blundell, M. D., 84; Wm. Bodington, F. R. C. S., and John Gardner, F. R. C. S., each 82; Thomas Coleman, F. R. C. S., 81; Robert Wade, F. R. C. S., Thomas Barnes, M. D., and James Alexander Gordon, M. D., each 80 years of age. The united ages of these fourteen gentlemen amount to 1200 years, giving an average of more than 85 years to each. Dr. Casper, of Berlin, in his work on the duration of human life, has placed medical men as representing a medium longevity of 56. Artists are represented at 57; lawyers at 58; military men 59; farmers and clerks, 61; merchants, 62, and clergymen, 65.

—Dr. C. J. B. Williams has been nominated by the Council of the Royal Medical and Chirurgical Society for the presidency.

### The Homœopaths in Massachusetts.

The Supreme Court of Massachusetts has rejected the application of certain homœopathic doctors for an injunction to prevent their expulsion from the Massachusetts Medical Society. The Court holds that the Society has a right to enforce its own rules.

### Official Views of Varicocele.

The Second Comptroller at Washington decides that a soldier discharged for varicocele, resulting from an injury, is not entitled to the \$100 bounty under the act of March 3d, 1863. He also decides that varicocele is not an injury.

—The death of the eminent French obstetrician and surgeon, M. Huguier, formerly surgeon of the Hôpital Beaujon, is announced; also that of M. Dubois d'Amiens, the perpetual Secretary of the Academy, who has for some time been disabled from his duties.

### MARRIAGES.

HALE—RAYNE.—In New Orleans, Jan. 22d, 1873, at the residence of the bride's father, by Rev. Dr. Parker, Dr. Samuel E. Hale and Miss Alice C. Rayne, both of that city.

HURD—BUTTERFIELD.—At Syracuse, N. Y., Jan. 29th, by Rev. D. W. Bigelow, George F. Hurd, M. D., of Rochester, N. Y., and Effie, daughter of E. F. Butterfield, M. D., of Syracuse.

INNESS—NASON.—Feb. 12th, at the Presbyterian Church, Montclair, N. J., by Rev. Dr. R. Berry, Dr. Geo. Inness, formerly of New York, and Miss Sarah W. Nason, daughter of Henry Nason, of Montclair.

KELLY—DAVIS.—Feb. 5th, at Christ Church, New York, by Right Rev. Bishop Potter, and Rev. H. M. Thompson, D. D., Dr. Stephen Kelly, of New York, and Julia, daughter of G. M. Davis, Esq., of Natchez, Miss.

NEWMAN—DEWING.—Jan. 29th, at Warren, Bradford county, Pa., by the Rev. William Macnab, of the First Presbyterian Church of Warren, James M. Newman, M. D., of Elmira, N. Y., and Elizabeth F. Dewing, eldest daughter of Andrew Dewing, Esq., of Warrenham, Pa.

### DEATHS.

CARR.—In New York, Feb. 13th, Lizzie C., wife of Dr. David C. Carr.

DICKSON.—Feb. 14th, in Florida, M. E. Seabrook, relict of the late Dr. Samuel Henry Dickson, of this city.

REITER.—In Pittsburg, Pa., January 27th, 1873, Mrs. Eliza Reiter, wife of Dr. W. C. Reiter.

STEVENS.—At Pittsfield, Mass., Feb. 15th, Florence, youngest daughter of Jessie and the late Joel Stevens, M. D., aged 23 years.

TITSWORTH.—Suddenly, Feb. 1st, at Deckertown, N. J., Dr. John Titsworth, in the eightieth year of his age.

VAN DEUSEN.—Feb. 16th, at New Brunswick, N. J., William Van Deusen, M. D., in the 82d year of his age.

VEDDER.—In New York, Feb. 17th, 1873, Nellie M., infant daughter of Dr. Maus R. and Sarah A. Vedder, aged 4 months and 4 days.